Bureau of Health Care Quality & Compliance

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | NVN3658AGC | A. BUILDING _____ B. WING _____ | 03/20/2009 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| HOLY FAMILY HOME CARE | 3235 DELNA STREET SPARKS, NV 89431 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETE DATE |
|---|---|---|---|---|
| Y 000 | Initial Comments<br><br>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.<br><br>This Statement of Deficiencies was generated as a result of an annual State Licensure survey conducted in your facility on 3/20/09. This State Licensure survey was conducted by the authority of NRS 449.150, Powers of the Health Division. The facility received an annual survey grade of A.<br><br>The facility is licensed for six Residential Facility for Group beds for elderly and disabled persons, Category II residents. The census at the time of the survey was six. Six resident files were reviewed and four employee files were reviewed. One discharged resident file was reviewed.<br><br>The following deficiencies were identified: | Y 000 | | |
| Y 103 SS=F | 449.200(1)(d) Personnel File - NAC 441A<br><br>NAC 449.200<br>1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include:<br>(d) The health certificates required pursuant to chapter 441A of NAC for the employee.<br><br>This Regulation is not met as evidenced by:<br>Based on record review and interview on 3/20/09, the facility failed to ensure that 2 of 4 caregivers | Y 103 | | |

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| Y 103 | Continued From page 1<br>complied with NAC 441A.375 regarding tuberculosis (TB) testing (Employee #2-pre-employment physical two months after hire and #3-no evidence of a positive TB) for the protection of 6 of 6 residents (Resident #1, #2, #3, #4, #5 and #6).<br><br>Severity: 2 Scope: 3 | Y 103 | | |
| Y 105 SS=F | 449.200(1)(f) Personnel File - Background Check<br><br>NAC 449.200<br>1. Except as otherwise provided in subsection 2, a separate personnel file must be kept for each member of the staff of a facility and must include:<br>(f) Evidence of compliance with NRS 449.176 to 449.185, inclusive.<br><br>This Regulation is not met as evidenced by:<br>Based on record review and interview on 3/20/09, the facility failed to ensure 3 of 4 caregivers had evidence of a completed FBI background check (Employee #1, #2 and #3).<br><br>Severity: 2 Scope: 3 | Y 105 | | |
| Y 923 SS=F | 449.2748(3)(b) Medication Container<br><br>NAC 449.2748<br>3. Medication, including, without limitation, any over-the-counter medication or dietary supplement, must be:<br>(b) Kept in its original container until it is administered. | Y 923 | | |

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| Y 923 | Continued From page 2<br><br>This Regulation is not met as evidenced by:<br>Based on observation and interview on 3/20/09, the facility failed to keep medications belonging to 4 of 6 residents in their original container (Resident #1, #4, #5 and #6).<br><br>Severity: 2 Scope: 3 | Y 923 | | |